

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012587	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/19/2016
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF MOLINE			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 34TH AVENUE MOLINE, IL 61265		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments Original investigation of complaint #1621969/IL84742	S 000			
S9999	Final Observations Statement of Licensure Violations : 300.610a) 300.1210b) 300.1210c) 300.1210d)2) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/06/16

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow the advance directives regarding cardio-pulmonary resuscitation for one resident (R1) of three reviewed for advance directives in a sample of six. This failure resulted in facility staff</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>not performing cardio-pulmonary resuscitation on R1, contrary to R1 's advance directive to be resuscitated as documented in the resident 's medical record. R1 then expired in the facility.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy entitled "Code Status", revised 1/2016, documents,"(The facility) will honor code status preferences as documented by the resident or their legally authorized representative...A physician's order will be obtained by the nurse, based on code status preference indicated by the resident, legally authorized Health Care Power of Attorney (POA), or legally authorized Health Care Surrogate...In the absence of a valid Do Not Resuscitate (DNR) order (including when no code status decision has been made or code status cannot be determined), CPR (cardiopulmonary resuscitation) will be initiated and emergency services will be called using 911."</p> <p>R1's Facility Face Sheet, dated 4/8/16 documents R1 was readmitted to the facility on 4/8/16.</p> <p>R1's Physician Order Sheet, dated 4/8/16 includes the following physician orders, "Advance Directives: Full Code."</p> <p>R1's Do-Not-Resuscitate/Practitioner Orders For Life-Sustaining Treatment (POLST) Form dated 4/8/16 documents, "Cardiopulmonary Resuscitation; If patient has no pulse and is not breathing, attempt resuscitation/CPR" and is signed by R1's sister (Health Care Surrogate Decision Maker).</p> <p>R1's Social Services Progress Notes, dated 4/8/16 document, "(R1) is a full code."</p> <p>R1's Care Plan, dated 4/8/16 documents, "Full Code (current status). Will honor residents request for Full Code. If cardiac arrest, initiate CPR and call 911."</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>R1's Nurse's Notes, dated 4/13/16 at 7:50 A.M. document, "Noted (R1) to be sleeping, no S/S (signs/symptoms) of discomfort."</p> <p>R1's Nurse's Notes, dated 4/13/16 at 9:15 A.M. document, "CNA (certified nursing assistant) approached writer and asked for writer to come to (R1)'s room. Writer immediately went to room and found (R1) with (no) apical/radial pulse, (no) BP (blood pressure), blue nail beds, rigor mortis (and) mottling noted. CPR not initiated d/t (due to) absence of vital signs, pulse, respiration, cyanosis noted around mouth. Body was cold at extremities, warm to groin."</p> <p>R1's Nurse's Notes, dated 4/13/16 at 9:20 A.M. document, (E9) Registered Nurse assessed (R1) and also found (R1) (with) (no) B/P, respirations, pulse. Writer, ADON (Assistant Director of Nurses) returned to room for further assessment. (DON) (E2/Director of Nurses) entered room and all agreed absence of vital signs, cyanosis, mottling and rigor mortis present."</p> <p>R1's Nurse's Notes, dated 4/13/16 at 9:35 A.M. document, "(R1) pronounced dead."</p> <p>The facility form, Incident Investigation, dated 4/13/16 documents, "Res (resident) expired. Upon initial exam it was identified and confirmed by multiple nurses that the resident had no signs of life, no vital signs, (R1) was mottled and rigor mortis was noted. CPR not initiated R/To (related to) prior."</p> <p>E11/Assistant Director of Nurses Incident Investigation statement, dated 4/13/16 documents, "I was sitting in the DON (Director of Nurses) office when (E6/LPN) nurse called to inform (E2/DON) that (R1) was unresponsive in (R1)'s room in bed. (E11/ADON) notified (E2/DON). (E11/ADON) went to (R1)'s room where CNA's were performing post mortem cares...(R1) was left to the care of the CNAs."</p> <p>On 4/19/16 at 10:08 A.M., E5/Certified Nursing</p>	S9999			

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S9999	Continued From page 4 Assistant (CNA) stated, "(On 4/13/16) I had just cleaned (R1) up about 8:00 O'clock (A.M.) . (R1)'s eyes were open and (R1) was blinking (R1)'s eyes yes or no (answering questions). About 9:00 o'clock , (E10/CNA) went in (R1's room) and came out in the hallway and said, 'I think (R1) passed.' I got a stethoscope and checked for a heart beat and I couldn't hear anything. So I sent (E10/CNA) to get the nurse. (R1)'s fingers were blue. I did not start CPR. I did not see the nurses do CPR. I wasn't sure if I should (start CPR) or not." On 4/19/16 at 11:10 A.M., E6/Licensed Practical Nurse (LPN) stated, "On the thirteenth, I gave (R1) a scheduled breathing treatment before 8:00 A.M. I noticed (R1) was grimacing, so I gave (R1) 650 MG (milligrams) of Tylenol (for pain). I went to the breakfast room from 8:00 until 9:10. (E10) CNA came and got me and said something is wrong with (R1). (R1) was gray. I had a stethoscope, I checked (R1)'s pulse. (There) was no pulse, no blood pressure, no respirations. (R1) was cyanotic and mottled. I immediately went to (R1)'s chart and saw (R1) was a full code. I called (E2/Director of Nurses). (E2/DON) wasn't in (E2)'s office. The ADON (Assistant Director of Nurses) (E11) came down and assessed (R1) and then (E2) DON came and assessed (R1). The group of us decided not to start CPR, (R1) was too far gone. (R1)'s groin was still warm, (R1)'s extremities were cool. (R1) did have a fan going on (R1), in (R1)'s room. I called (R1)'s Power of Attorney, (R1)'s Power of Attorney was in shock. (R1)'s Power of Attorney didn't expect it (R1)'s death). I know quite a bit of time passed, from when (R1) was found and until we pronounced (R1) dead. (R1) was a full code. I did not perform CPR on (R1)." On 4/19/16 at 1:00 P.M., Z2 (Physician) stated, "I saw (R1) the one and only time the day before	S9999			

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S9999	Continued From page 5 (R1) passed away. I spent a great deal of time reviewing (R1)'s medical record from (R1)'s previous hospitalizations. (R1) had surgery a few months ago and suffered many set backs and complications...When (E6/LPN) called me about (R1)'s passing, I asked (E6/LPN) if (E6/LPN) instituted advance life support. (E6/LPN) told me repeatedly (E6/LPN) did not (do CPR) due to rigor mortis already setting in. Rigor mortis sets in , in two to four hours after death, but it is variable." On 4/19/16 at 2:55 P.M., E2/ Director of Nurses stated, "I did an investigation (into R1's death), because it was so bizarre. (R1) had only been here a short time...The nurses made the decision not to do CPR and the doctor had been called." (A)	S9999		

Imposed Plan of Correction

Facility Name: Rosewood Care Center of Moline

Survey Date: April 19, 2016

Complaint: # 1621969/IL84742

Violation: A

300.610a)

300.1210b)

300.1210c)

300.1210d)2)

300.3220f)

300.3240a)

Attachment B Imposed Plan of Correction

Section 300.610 Resident Care Policies

- a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

- b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
- c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.
- d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

- 2) All treatments and procedures shall be administered as ordered by the physician

Section 300.3220 Medical Care

f) *All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.* (Section 2-104(b) of the Act)

Section 300.3240 Abuse and Neglect

- a) *An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident..* (Section 2-107 of the Act)

This will be accomplished by:

1. A committee consisting of, at a minimum, the Medical Director, Administrator, and Director of Nursing will review and revise the policies and procedures regarding Emergency Cardiopulmonary Resuscitation (CPR) and EMS (Emergency Medical Services). This review will ensure that the facility's policies and procedures address, at a minimum, the following:
 - A. Recognition of situations requiring immediate intervention and following physicians' orders regarding Emergency Cardiopulmonary Resuscitation (CPR).
 - B. The facility's responsibilities in taking appropriate corrective action to prevent future delayed treatment in emergency situations requiring Cardiopulmonary Resuscitation.
 - C. Each direct care-giving staff shall review and be knowledgeable about his or her residents' care plan in regards to Advance Directives/ Code Status.
2. The facility will conduct mandatory in-services for all staff that addresses, at a minimum, the following:
 - A.) All staff will be informed of their specific responsibilities and accountability for the care provided to residents.
 - B.) All staff will be inserviced regarding Residents Rights and Advanced Directives.
 - C.) All staff will be inserviced on Abuse and Neglect Policy, including procedures for identifying and reporting suspected abuse.
3. Through the following Quality Assurance measures, the facility will monitor effectiveness and compliance with this Plan of Correction:
 - A. Mock Code Blue drills will be conducted for all staff quarterly. Chart audits will be performed by Director of Nursing weekly for eight weeks, and then quarterly to ensure the appropriate paperwork regarding Advanced Directives is completed and easily accessible, and that Code status is identifiable to all staff.

- B. Employee files will be audited and staffing schedules will be reviewed weekly to ensure , at a minimum, at least two direct care staff per shift , are current in certification in the provision of basic life support by an American Heart Association or American Red Cross certified training program and that these certifications are renewed as recommended.

Completion date: Ten days from receipt of the Notice for the Imposed Plan of Correction

06/07/2016/np